

10/56325

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3							53	
4							54	
5		2					55	
6	1		1				56	
7		1		1			57	
8		1		1			58	
9		1		1			59	
10		1		1			60	
11	1		1				61	
12		1		1			62	
13		1		1			63	
14		1		1			64	
15		1		1			65	
16		3		1			66	
17		3		1			67	
18		3		1			68	
19		3		1			69	
20		3		1			70	
21		3		1			71	
22							72	
23							73	
24							74	
25							75	
26							76	
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36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		↓	4	↓		↓	TOTAL IND.	↓
TOTAL DEP.		←	11	←		←	TOTAL DEP.	←
TOTAL CLAIMS			21				TOTAL CLAIMS	